

RUBELLA (“German Measles”)

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** An illness with all of the following characteristics: acute onset of generalized maculopapular rash; temperature of $>37.2^{\circ}\text{C}$ ($>99^{\circ}\text{F}$), if measured; and arthralgia/arthritis, lymphadenopathy, or conjunctivitis.
- B. **REPORTING CRITERIA:** Clinical diagnosis.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Isolation of rubella virus, **OR**
 - Significant rise between acute and convalescent titers in serum titers in serum rubella IgG antibody level by any standard serologic assay, **OR**
 - Positive serologic test for rubella IgM antibody.
- D. **KENTUCKY CASE DEFINITION:** A case that is laboratory confirmed or that meets the clinical description and is epidemiologically linked to a laboratory confirmed case.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES URGENT NOTIFICATION:** REPORT TO THE LOCAL OR STATE HEALTH DEPARTMENT **IMMEDIATELY** upon recognition of a case or suspected case in a time period not greater than 24 hours. If health department personnel cannot be contacted directly, notification shall be made by telephone to the emergency number of the Division of Epidemiology and Health Planning: **1-888-973-7678**.
- B. **EPIDEMIOLOGY REPORTS REQUIRED:**
- Kentucky Reportable Disease Case Report Form - EPID 200(Jan/03).
 - Rubella Surveillance Worksheet (CDC).
- C. **PREVENTION MEASURES:**
- Routinely administer initial dose of MMR (measles, mumps and rubella) vaccine at 12 - 15 months of age and second dose before school entry (at 4-6 years of age), or, if not received earlier, before sixth grade entry.
 - Vaccine recommended for susceptible women of childbearing age and susceptible young adults who have contact with young children or congregate at institutions of higher education.
 - Medical personnel likely to come into contact with persons with rubella or women of childbearing age should show proof of immunity to rubella.

D. PUBLIC HEALTH INTERVENTIONS:

- Early telephone consultation with the Immunization Program is recommended for consideration of what confirmatory test may be advisable and whether to send specimen to CDC for isolation.
- Exclude children from school and adults from work for seven days after onset of rash.
- If infection occurs during pregnancy, the woman should be counseled by her obstetrician about the risks to her fetus and her options, including termination of the pregnancy.
- Urge immunization of all contacts (children and non-pregnant adults) who have not been previously immunized. However, immunization will not necessarily prevent a second generation of infection or illness. Passive immunization with IG is not indicated.
- Identify pregnant female contacts, especially those in the first trimester. Test such contacts serologically for susceptibility or early infection (IgM antibody) and advise accordingly.

III. CONTACTS FOR CONSULTATION

- A. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, IMMUNIZATION PROGRAM: 502-564-4478.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE BRANCH: 502-564-3261.
- C. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, SURVEILLANCE AND HEALTH DATA BRANCH: 502-564-3418.
- D. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY SERVICES: 502-564-4446.

IV. RELATED REFERENCES

1. Chin, James, ed. RUBELLA. In: Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000: 435 -440.
2. Pickering, LK, ed. Rubella. In: 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2000: 495-500.
3. Measles, Mumps, and Rubella – Vaccine Use and Strategies for Elimination of Measles, Rubella and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the ACIP. MMWR 1998; 47(No. RR-8): 1-58.

